

STATEMENT OF ECONOMIC INTERESTS

Date Received
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COVER PAGE

DEPARTMENT OF ALCOHOL
& DRUG PROGRAMS

A Public Document

2008 FEB -4 PM 3:04

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	HUMAN DAYTIME TELEPHONE NUMBER
ZITO	RENEE		
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
OPTIONAL: FAX / E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Dept of Alcohol + Drug Programs
Division, Board, District, if applicable:

Your Position:

Director

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: 02/26/07

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: _____

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

STATEMENT OF ECONOMIC INTERESTS

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AMENDMENT

Please type or print in ink.

NAME (LAST) <u>Zito</u>	(FIRST) <u>RENÉE</u>	(MIDDLE)	DAYTIME TELEPHONE NUMBER [REDACTED]
MAILING ADDRESS (May use business address) [REDACTED]	STREET [REDACTED]	CITY [REDACTED]	STATE ZIP CODE [REDACTED]
OPTIONAL: FAX / E-MAIL ADDRESS [REDACTED]			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Dept of Alcohol + Drug Programs
 Division, Board, District, if applicable:

Your Position:

Director

If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)
☒ State

☐ County of

☐ City of

☐ Multi-County

☐ Other

3. Type of Statement (Check at least one box)
☐ Assuming Office/Initial Date: 2, 26, 07
☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

 Total number of pages including this cover page: 1

Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

 Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

 Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

 Schedule B ☐ Yes - schedule attached
Real Property

 Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

 Schedule D ☐ Yes - schedule attached
Income - Gifts

 Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



DEPARTMENT OF ALCOHOL
& DRUG PROGRAMS

2008 SEP -8 PM 4:44

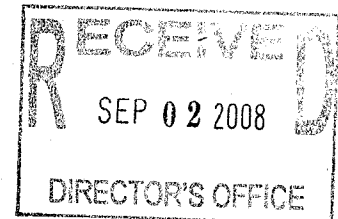
HUMAN RESOURCES BRANCH

FAIR POLITICAL PRACTICES COMMISSION

428 J Street • Suite 620 • Sacramento, CA 95814-2329
(916) 322-5660 • Fax (916) 322-0886

August 29, 2008

Renee Zito
Director
Alcohol & Drug Program Department
1700 K Street
Sacramento, California 95811



Re: Statement of Economic Interests
Type of Statement: **2007 Annual**
Date Filed: February 4, 2008

Dear Ms. Zito:

The Fair Political Practices Commission received your statement of economic interests (Form 700). A review of your statement indicates that further information may be required as explained on the attachment.

The enclosed amendment schedule(s) should be completed within 30 days and returned to Theresa Melendez, Alcohol & Drug Program Department, who will retain a copy and forward the original to the Fair Political Practices Commission. Please retain a copy of the amendment schedule(s) for your records to assist you in completing future statements of economic interests.

Please note that our review of your statement does not constitute an in depth audit and your compliance with this request for amendment information or correction does not relieve you of responsibility for the overall accuracy and completeness of your statement as required by law.

We are here to assist you. If you have any questions, please call me at (916) 322-3710.

Sincerely,



Cynthia Fisher
Staff Services Analyst
Technical Assistance Division

cc: Theresa Melendez

*sent
10/9/09
ch*